

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITI N	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ch</i>	<i>6781</i>	<i>4/15/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>4-19-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>DB</i>	<i>20014</i>	<i>6/23/00</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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